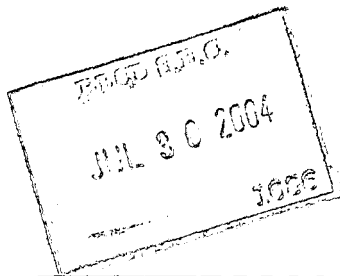


## FORM D

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

1277286



## FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average burden hours per response	..... 16.00

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering ( ☐ check if this is an amendment and name has changed, and indicate change.)

LifeInvest Long/Short Equity Insurance Fund, L.P.

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOEType of Filing: ☒ New Filing ☐ Amendment

PROCESSED

## A. BASIC IDENTIFICATION DATA

AUG 02 2004

1. Enter the information requested about the issuer

Name of Issuer ( ☐ check if this is an amendment and name has changed, and indicate change.)

LifeInvest Long/Short Equity Insurance Fund, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code)

One Corporate Center at Rye, 555 Theodore Fremd Ave., Rye, NY 10580

Telephone Number (including Area Code)

(914) 925-1140

Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

Brief Description of Business

Limited Partnership engaged in investments.



04039451

Type of Business Organization

☐ corporation  
☐ business trust☒ limited partnership, already formed  
☐ limited partnership, to be formed☐ other (please specify):Actual or Estimated Date of Incorporation or Organization: Month Year ☒ Actual ☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

DE

## GENERAL INSTRUCTIONS

## Federal:

*Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).*When To File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.*Where To File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.*Filing Fee:* There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner

Full Name (Last name first, if individual)

Tremont Partners, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

Corporate Center at Rye, 555 Theodore Fremd Avenue, Rye, New York 10580

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Manzke, Sandra Lee

Business or Residence Address (Number and Street, City, State, Zip Code)

Corporate Center at Rye, 555 Theodore Fremd Avenue, Rye, New York 10580

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Hammond, Suzanne Simon

Business or Residence Address (Number and Street, City, State, Zip Code)

Corporate Center at Rye, 555 Theodore Fremd Avenue, Rye, New York 10580

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Sweeney, Catherine Gilchrist

Business or Residence Address (Number and Street, City, State, Zip Code)

Corporate Center at Rye, 555 Theodore Fremd Avenue, Rye, New York 10580

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Clayton, Stephen Thomas

Business or Residence Address (Number and Street, City, State, Zip Code)

Corporate Center at Rye, 555 Theodore Fremd Avenue, Rye, New York 10580

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Colvin, Barry Hugh

Business or Residence Address (Number and Street, City, State, Zip Code)

Corporate Center at Rye, 555 Theodore Fremd Avenue, Rye, New York 10580

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

McCormick, James Gabriel

Business or Residence Address (Number and Street, City, State, Zip Code)

Corporate Center at Rye, 555 Theodore Fremd Avenue, Rye, New York 10580

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ..... Yes ☐ No ☒  
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? ..... \$ 250,000
3. Does the offering permit joint ownership of a single unit? ..... Yes ☒ No ☐
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

N/A

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."


\$N/A-No limit on proceeds

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees (See Exhibit A Annexed hereto).....	<input checked="" type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase of real estate.....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Repayment of indebtedness .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Working capital .....	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ Unlimited
Other (specify): .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
.....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Column Totals .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Total Payments Listed (column totals added) .....	<input type="checkbox"/> \$ 0	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) LifeInvest Long/Short Equity Insurance Fund, L.P.	Signature 	Date July 29, 2004
Name of Signer (Print or Type) Rosemary Gilchrist	Title of Signer (Print or Type) Senior Vice President of General Partner of Issuer	

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

The Partnership will pay the General Partner (or such other person or entity designated by the General Partner) an annual asset-based management fee of approximately one percent (1%) of the average Net Asset Value, payable monthly, in arrears, at a rate equal to .08333% of the Partnership's then month-ending Net Asset Value (the "Management Fee"), which shall be charged against the Capital Accounts of the Partners; notwithstanding the foregoing, with respect to Contract Owners, or any grouping of Related Contract Owners taken together, for whose benefit Interests are held exceeding \$25 million, as designated by the Companies holding such Interests, the annual Management Fee will be approximately three quarters of one percent (.75%), payable monthly, in arrears, at a rate equal to .00625% of the Partnership's then month-ending Net Asset Value with respect to the Interests of such Contract Owners. For the purposes of this Memorandum, the term "Related Contract Owners" means Contract Owners who are two or more natural persons who are related as siblings or spouses (including former spouses), or direct lineal descendants or ancestors by birth or adoption, or spouses of such descendants or ancestors, the estates of such persons, or foundations, charitable organizations, family partnerships or trusts established by or for the benefit of such persons, or, any business persons in connection with any of such Related Contract Owners. The Management Fee will be computed as of the last Business Day of each calendar month and is payable within fifteen (15) Business Days thereafter. The Partnership will also have to pay its share of the management fees of Managers with which it invests. Such management fees are based upon a percentage of assets under management with respect to each Manager and generally can be as low as one-half percent (0.5%) and as high as three percent (3.0%) per annum, or more. These fees will be payable regardless of whether a Manager generates a positive return. The Managers may also receive performance allocations based upon the performance of assets under their management. Such performance allocations are generally in the range of an annual rate of fifteen (15%) to twenty-five percent (25%) of net appreciation, and are usually subject to a "high-water mark" which limits future performance allocations to the amount by which asset performance exceeds prior performance levels achieved. The General Partner may, in its sole discretion, waive all or part of the Management Fee otherwise due with respect to any Partner's investment, by rebate or otherwise.

The Partnership will pay for all routine and customary expenses including administration, auditing, legal, accounting, brokerage commissions, communications, printing, mailing and tax consultation and compliance services. The organizational and initial offering costs and expenses for the Partnership, which will also be borne by the Partnership and are not expected to exceed \$100,000, will be amortized over its initial twelve (12) months of operation.